

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>	<i>70891</i>	<i>6/2/00</i>
O.I.P.E. CLASSIFIER		<i>21</i>	<i>6/10/00</i>
FORMALITY REVIEW		<i>6-4-77</i>	<i>8-8-00</i>
RESPONSE FORMALITY REVIEW		<i>6-4-77</i>	<i>8-30-00</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
= ..... Allowed      I ..... Interference  
- (Through numeral) ... Canceled      A ..... Appeal  
÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>09-30-03</i>
2	<i>07-12-04</i>
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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